

Case Number:	CM14-0091434		
Date Assigned:	08/27/2014	Date of Injury:	07/03/2013
Decision Date:	10/06/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old female with date of injury of 07/03/2013. The listed diagnoses per [REDACTED], dated 04/21/2014, are bilateral carpal tunnel syndrome and right open carpal tunnel release on 01/07/2014. According to this report, the patient states that her incisions are still sore but are getting better. Numbness and tingling in the thumb and index fingers have resolved. She still has pain in the middle, ring, and small fingers. Symptoms of pain are mostly constant. She describes numbness, tingling, and pain in all the fingers of the left hand as well. The physical exam shows no infection in her incision site. The carpal tunnel release incision was mildly tender to palpation. Fingers have full range of motion. Cubital tunnel Tinel's test and elbow flexion compression test were positive bilaterally. The utilization review denied the request on 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective: Elbow Wrap Universal DJ Ortho Purchase (DOS: 04/21/2014): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow, Splinting

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Splinting

Decision rationale: The provider is requesting a retrospective request for an elbow wrap, universal, DJ ortho. The MTUS and ACOEM guidelines do not address this request; however, Official Disability Guidelines, on splinting (padding), recommends this for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). It is currently under study for epicondylitis. The Official Disability Guidelines also states that if used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. The progress report dated 04/21/2014 notes that the patient has clinical left cubital tunnel syndrome as well as left carpal tunnel syndrome that is persistently symptomatic. Given that Official Disability Guidelines does support the use of splinting/padding for patients with a diagnosis of cubital tunnel syndrome. This request is medically necessary.

Retrospective: Pil-O Splint Elbow Support Standard up to Eleven (11) inches Purchase (DOS: 04/21/2014): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow, Splinting

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Splinting

Decision rationale: The provider is requesting a retrospective request for Pil-O-Splint elbow support. The MTUS and ACOEM guidelines do not address this request; however, Official Disability Guidelines, on splinting (padding), recommends this for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). Under study for epicondylitis. If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. The 04/21/2014 report notes diagnoses of left cubital tunnel syndrome and left carpal tunnel syndrome that is persistently symptomatic. In this case, Official Disability Guidelines supports the use of splinting/padding for patients with a diagnosis of cubital tunnel syndrome. This request is medically necessary.